Name of Employer	DIVISION OF PENSIONS AND BENEFITS PO BOX 295 TRENTON, NJ 08625-0295  STATE HEALTH BENEFITS PROGRAM ROSTER OF EMPLOYEES			<ul> <li>INSTRUCTIONS</li> <li>1. DO NOT WRITE IN THIS COLUMN.</li> <li>2. List every employee, every official appointed for a fixed statutory term of office, and every elected official.</li> <li>3. List every employee's social security number.</li> <li>4. List every employee's payroll title.</li> <li>5. List every employee's type of employment - Sections of a through e: <ul> <li>a. Full time - Indicate by using "X".</li> </ul> </li> <li>b. Part time - Show number of hours employed per week.</li> <li>c. Appointed employee - Show length of term permitted by statute.</li> <li>d. Elected official - Indicate by using "X".</li> <li>e. Other: Indicate any type of employment not covered in sections a through d. Example: fee basis, dollar amount per meeting, dollar amount per license, etc.</li> </ul>			
1. FOR DIVISION USE ONLY 2. NAME OF EMPLOYEE	3. SOCIAL SECURITY NUMBER	4. PAYROLL TITLE	a. FULL TIME   b. PART TIME   c. APPOINTED   d. ELECTED   e. OTHER (Explain)				
(Coverage Selected)			Use "X"	Enter # of Hours	Length of Term	Use "X"	